

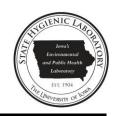
# Iowa Influenza Surveillance Network (IISN)

# Influenza-like Illness (ILI) and Other Respiratory Viruses

### **Weekly Activity Report**

### For the week ending November 7, 2015 - Week 44

All data presented in this report are provisional and may change as additional reports are received



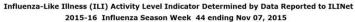
Quick Stats	
Percent of outpatient visits for ILI <sup>1</sup>	0.46% (baseline 1.7%)
Percent of influenza rapid test positive	3% (12/474)
Percent of RSV rapid tests positive	9% (10/114)
Percent school absence due to illness <sup>2</sup>	1.97%
Number of schools with ≥10% absence due to illness	0
Influenza-associated hospitalizations <sup>3</sup>	0/1,894 inpatients surveyed
Influenza-associated mortality -all ages (Cumulative) <sup>4</sup>	2
Influenza-associated pediatric mortality (Cumulative)	0
<sup>1</sup> ILI: Influenza-like Illness is defined as a fever of ≥100° F as well as cough and/or sore throat. <sup>2</sup> Parcent school absence due to illness are reported through a weekly survey of lower sentinglischool.	nle.

No Activity **Sporadic** Local Regional Widespread <sup>5</sup>This is based on CDC's activity estimates definition

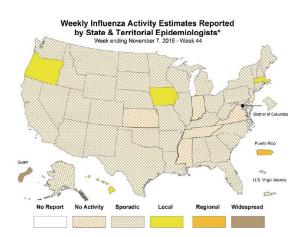
Iowa Influenza Geographic Spread⁵

Influenza activity in Iowa is slowly increasing. For this reporting week, the State Hygienic Laboratory confirmed two Influenza A cases. The proportion of outpatient visits due to influenza-like illness (ILI) was 0.46 percent which is below the regional baseline. In this reporting week, two adenovirus, eight parainfluenza virus type 1, four parainfluenza virus type 4, and 29 rhinovirus/enterovirus were detected from surveillance sites. There were no influenza-related hospitalizations reported from sentinel hospitals. No schools reported 10 percent or greater absenteeism due to influenza-like symptoms. No influenza outbreaks have been reported in Iowa long-term care facilities so far this influenza season.

### National activity summary - (CDC):







Synopsis: During week 44 (November 1-7, 2015), influenza activity was low in the United States.

Viral Surveillance: The most frequently identified influenza virus type reported by public health laboratories in week 44 was influenza A viruses, with influenza A (H3) viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories is low.

Pneumonia and Influenza Mortality: The proportion of deaths attributed to pneumonia and influenza (P&I) was below their systemspecific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

Influenza-associated Pediatric Deaths: No influenza-associated pediatric deaths were reported.

Outpatient Illness Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 1.4 percent, which is below the national baseline of 2.1 percent. All 10 regions reported ILI below region-specific baseline levels. Puerto Rico experienced moderate ILI activity, New York City and 50 states experienced minimal ILI activity, and the District of Columbia had insufficient data.

Geographic Spread of Influenza: The geographic spread of influenza in Guam was reported as widespread; Puerto Rico reported regional activity; four states reported local activity; the District of Columbia and 39 states reported sporadic activity; and the U.S. Virgin Islands and seven states reported no influenza activity.

Detailed information can be found online at www.cdc.gov/flu/weekly/.

Percent school absence due to illness are reported through a weekly survey of lowa sentinel schools Hospitalizations due to influenza are voluntarily reported through a weekly survey of lowa sentinel hospitals Deaths in which influenza is listed on the death certificate. This is an underestimate of influenza-related death

Iowa statewide activity summary:

### **International activity summary - (WHO):**

Globally, influenza activity generally decreased or remained low in both hemispheres, with only a few countries reporting elevated respiratory illness levels. Detailed information can be found online at

www.who.int/influenza/surveillance monitoring/updates/latest update GIP surveillance/en/. It was last updated 11/02/2015.

## **Laboratory surveillance program:**

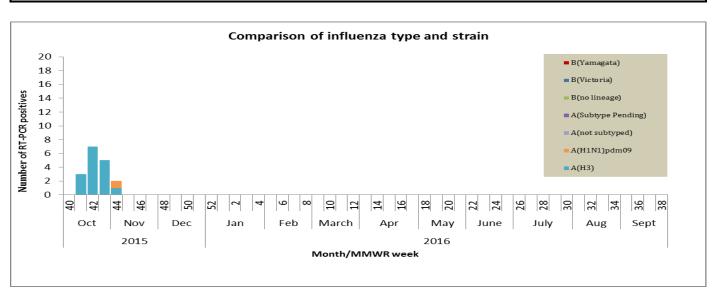
The State Hygienic Laboratory (SHL) is the primary lab for influenza testing and reporting in Iowa. SHL reports the number of tests performed and the type and strain of positive tests to the influenza surveillance network several times every week. In addition, SHL surveys clinical and reference labs on a weekly basis for the number of rapid-antigen tests performed, the number positive and the positive non-influenza virus tests. This report also includes the positive non-influenza virus tests reported from the Dunes Medical Laboratories at Mercy Medical Center in Sioux City.

Table 1: I	Table 1: Influenza A viruses detected by SHL by age group							
		CURREN	IT WEEK		CUN	//ULATIVE (10/4/1	15 – CURRENT WE	K)
	Flu A					Flu	Α	
Age Group	A(H1N1)pdm09	A(H3)	Subtype Pending	Not subtyped	A(H1N1)pdm09	A(H3)	Subtype Pending	Not subtyped
0-4	1(100%)	0(0%)	0(0%)	0(0%)	1(100%)	0(0%)	0(0%)	0(0%)
5-17	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
18-24	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	2(12.5%)	0(0%)	0(0%)
25-49	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	3(19%)	0(0%)	0(0%)
50-64	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	5(31%)	0(0%)	0(0%)
>64	0(0%)	1(100%)	0(0%)	0(0%)	0(0%)	6(37.5%)	0(0%)	0(0%)
Total	1	1	0	0	1	16	0	0

\*Counts of three or less are sometimes suppressed to protect confidentiality. Note that counts may not add up to the total due to missing age information Only cases of lowa residents are included

"Not subtyped" column is due to weak detections. This can be due to poor collection, timing of collection or stage of infection

		CURRENT WEEK		CUMULATIVE (10/4/15 – CURRENT WEEK)		
Age	Flu B			Flu B		
Group	Victoria Lineage	Yamagata Lineage	Lineage Pending	Victoria Lineage	Yamagata Lineage	Lineage Pending
0-4	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
5-17	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
18-24	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
25-49	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
50-64	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
>64	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
Total	0	0	0	0	0	0

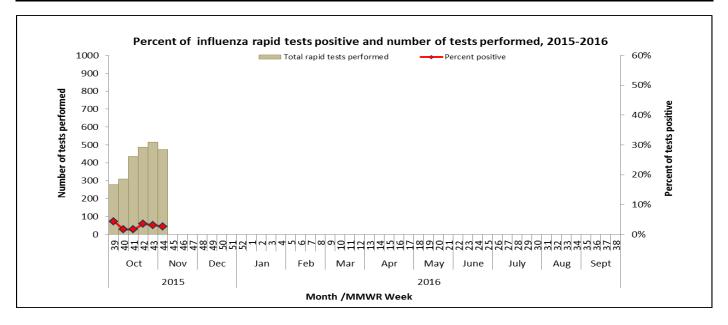


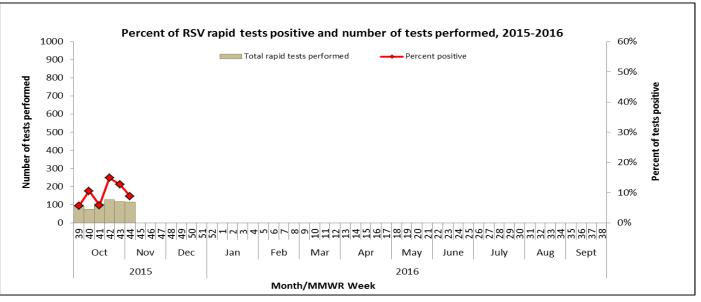
### Rapid influenza and RSV test surveillance:

The State Hygienic Laboratory (SHL) runs a weekly web-based survey program where laboratorians report the number of influenza and respiratory syncytial virus (RSV) rapid tests performed and the number of tests positive. This table includes only the number of patients tested for influenza or RSV at laboratory surveillance sites throughout the state. This table does not provide case counts.

Table 2: Percent of influenza rapid tests positive and number of tests performed by region for the present week							
REGION*		RAPID ANTIGEN I	NFLUENZA TESTS		RAPID ANTIGEN RSV TESTS		
REGION	Tested	Flu A	Flu B	% Positive	Tested	Positive	% Positive
Region 1 (Central)	64	0	0	0	21	1	5
Region 2 (NE)	18	1	0	6	5	0	0
Region 3 (NW)	90	1	0	1	21	4	19
Region 4 (SW)	40	0	0	0	10	0	0
Region 5 (SE)	55	0	0	0	10	0	0
Region 6 (Eastern)	207	6	4	5	47	5	11
Total	474	8	4	3	114	10	9

\*Region 1- Boone, Calhoun, Carroll, Dallas, Greene, Grundy, Hamilton, Hardin, Jasper, Marshall, Polk, Poweshiek, Story, Tama, Warren, Webster; Region 2- Allamakee, Bremer, Butler, Cerro Gordo, Chickasaw, Emmet, Fayette, Floyd, Franklin, Hancock, Howard, Humboldt, Kossuth, Mitchell, Winnebago, Winneshiek, Worth, Wright; Region 3- Buena Vista, Cherokee, Clay, Crawford, Dickinson, Ida, Lyon, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Woodbury; Region 4- Adairs, Audubon, Cass, Clarke, Decatur, Fremont, Guthrie, Harrison, Madison, Mills, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, Union; Region 5- Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Van Buren, Wapello, Washington, Wayne; Region 6- Benton, Black Hawk, Buchanan, Cedar, Clayton, Clinton, Delaware, Dubuque, Iowa, Jackson, Johnson, Jones, Linn, Scott.





### Non-influenza respiratory viruses:

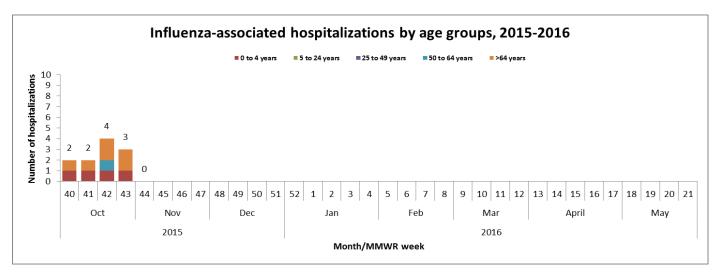
The State Hygienic Laboratory (SHL) runs a weekly web-based survey program where laboratorians report the number of positive tests for non-influenza respiratory viruses. This table also includes the positive non-influenza virus tests reported from the Dunes Medical Laboratories at Mercy Medical Center in Sioux City. The table includes only the number of positive tests at laboratory surveillance sites throughout the state. The table does not provide case counts.

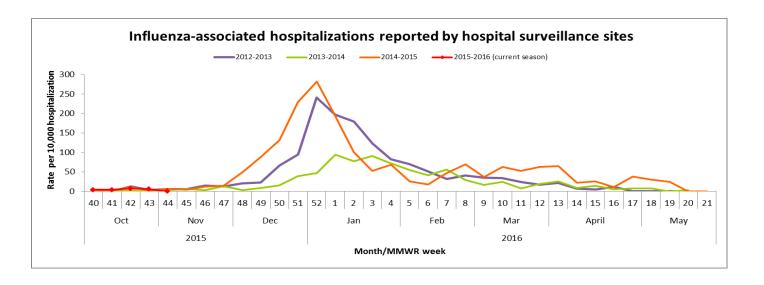
Table 4: Number of positive results for non-influenza respiratory viruses					
Viruses	CURRENT WEEK	CUMULATIVE (10/4/15 – CURRENT WEEK)			
Adenovirus	2	44			
Parainfluenza Virus Type 1	8	46			
Parainfluenza Virus Type 2	0	0			
Parainfluenza Virus Type 3	0	1			
Parainfluenza Virus Type 4	4	37			
Rhinovirus/Enterovirus	29	211			
Respiratory syncytial virus (RSV)	0	1			
Human metapneumovirus (hMPV)	0	2			
Total	43	342			

### **Influenza-associated hospitalizations:**

Sentinel hospitals that participate in IISN voluntarily track and report the number of influenza-associated hospitalizations and the total number of inpatients each week.

Table 5: Number of influenza-associated hospitalization reported by age group						
AGE	CURRENT WEEK	CUMULATIVE (10/4/15 – CURRENT WEEK)				
Age 0-4	0	4				
Age 5-24	0	0				
Age 25-49	0	0				
Age 50-64	0	1				
Age >64	0	6				
Total	0	11				

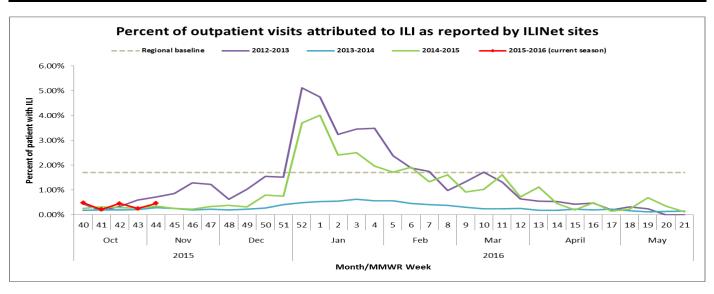




### Outpatient health care provider surveillance program (ILINet):

Outpatient health care providers who participate in the ILINet (a national influenza surveillance program) report the number of patients seen with influenza-like illness and the total number of patient visits each week. This system is a key part of lowa's influenza surveillance. Iowa health care providers interested in joining this surveillance program should contact Julie Coughlin at 515-281-7134 or <a href="mailto:julie.coughlin@idph.iowa.gov">julie.coughlin@idph.iowa.gov</a> for more information.

Table 6: Outpatient visits for influenza-like illness (ILI)							
Week	%ILI	Total ILI	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age >64
Week 44, ending Nov 7	0.46	12	5	4	1	2	0
Week 43, ending Oct 31	0.25	6	1	2	0	1	2
Week 42, ending Oct 24	0.45	11	4	5	0	0	2



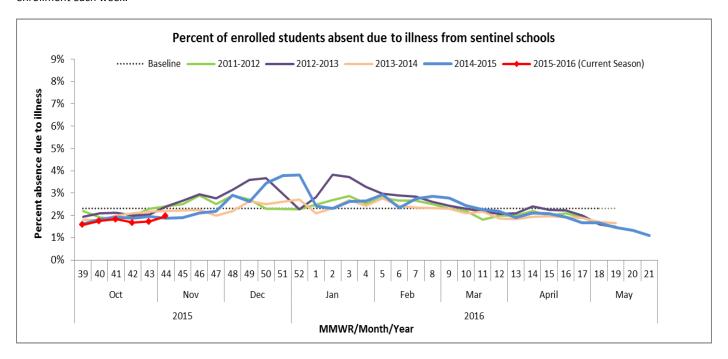
### **Long-term Care Outbreaks:**

Table 7: Number of long-term care outbreaks investigated					
REGION*	CURRENT WEEK	CUMULATIVE (10/4/15 – CURRENT WEEK)			
Region 1 (Central)	0	0			
Region 2 (NE)	0	0			
Region 3 (NW)	0	0			
Region 4 (SW)	0	0			
Region 5 (SE)	0	0			
Region 6 (Eastern)	0	0			
Total	0	0			

howard, Humboldt, Kossuth, Mitchell, Winnebago, Winneshiek, Worth, Wright; Region 3- Buena Vista, Cherokee, Clay, Crawford, Dickinson, Ida, Lyon, Monona, O'Brien, Oscoola, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Woodbury; Region 4- Adairs, Addubon, Cass, Clarke, Decatur, Fremont, Guthrie, Harrison, Madison, Mills, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, Union; Region 5- Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Van Buren, Wapello, Washington, Wayne; Region 6- Benton, Black Hawk, Buchanan, Cedar, Clayton, Clinton, Delaware, Dubuque, Iowa, Jackson, Johnson, Jones, Linn, Scott.

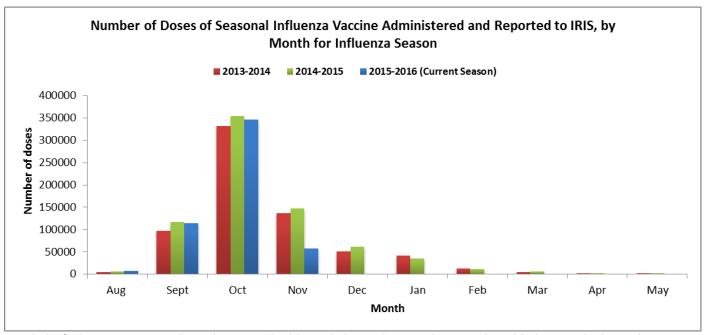
### School surveillance program:

Sentinel schools that participate in IISN voluntarily track and report absence due to all illness (including non-influenza illnesses) and the total enrollment each week.



### Seasonal influenza vaccination:

Seasonal influenza vaccination data in Iowa is based on doses reported to the Iowa Immunization Registry Information System (IRIS). IRIS is a confidential, computerized, population-based system that tracks immunization for children, adolescents and adults who are seen in a variety of public and private healthcare provider sites throught the state of Iowa. For more information on the immunization data, contact Kim Tichy, IRIS coordinator at 515-281-4288 or kimberly.tichy@idph.iowa.gov



Note: The data for the 2015-2016 season is only up to the current week and there is a lag between the vaccine administration date and the date reported to the IRIS. The current season's data will be adjusted as additional data is received.

### **Other resources:**

### Vaccine:

Influenza vaccine recommendation: http://idph.iowa.gov/immtb/immunization/vaccine

CDC vaccine information: www.cdc.gov/flu/faq/flu-vaccine-types.htm

Vaccine finder: <a href="http://vaccinefinder.org/">http://vaccinefinder.org/</a>

### Neighboring states' influenza information:

Illinois: www.dph.illinois.gov/topics-services/diseases-and-conditions/influenza/surveillance

Minnesota: www.health.state.mn.us/divs/idepc/diseases/flu/stats/index.html

 $\textbf{Missouri:}\ \underline{\text{http://health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php}$ 

South Dakota: <a href="http://doh.sd.gov/diseases/infectious/flu/">http://doh.sd.gov/diseases/infectious/flu/</a> Wisconsin: <a href="http://doh.wisconsin.gov/influenza/index.htm">www.dhs.wisconsin.gov/influenza/index.htm</a>